

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<div>I. IDPH Facility ID Number: 0045443</div> <div>Facility Name: ADDOLORATA VILLA</div> <div>Address: 555 MCHENRY ROAD WHEELING 60090</div> <div>County: COOK</div> <div>Telephone Number: (847) 215-5801 Fax # (847) 215-5805</div> <div>IDPA ID Number: 364107655001</div> <div>Date of Initial License for Current Owners: 11/27/96</div> <div>Type of Ownership:</div> <div><div><div><div>X</div><div>VOLUNTARY,NON-PROFIT</div></div><div><div>X</div><div>Charitable Corp.</div></div><div><div></div><div>Trust</div></div><div>IRS Exemption Code 501(c)(3)</div></div><div><div><div></div><div>PROPRIETARY</div></div><div><div></div><div>Individual</div></div><div><div></div><div>Partnership</div></div><div><div></div><div>Corporation</div></div><div><div></div><div>"Sub-S" Corp.</div></div><div><div></div><div>Limited Liability Co.</div></div><div><div></div><div>Trust</div></div><div><div></div><div>Other</div></div></div><div><div><div></div><div>GOVERNMENTAL</div></div><div><div></div><div>State</div></div><div><div></div><div>County</div></div><div><div></div><div>Other</div></div></div></div> <div><div>In the event there are further questions about this report, please contact:</div><div>Name:: Steve Lavenda</div><div>Telephone Number: (847) 236 - 1111</div></div>	<div>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</div> <div>I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/01 to 06/30/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</div> <div>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</div> <div><div>Officer or Administrator of Provider</div><div>(Signed)</div><div>(Type or Print Name)</div><div>(Title)</div></div> <div><div>Paid Preparer</div><div>(Signed) See Accountants' Compilation Report Attached</div><div>(Print Name and Title) Steven N. Lavenda, CPA</div><div>(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</div><div>(Telephone) (847) 236-1111 Fax # (847) 236-1155</div></div> <div>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</div>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

ADDOLORATA VILLA

#

0045443

Report Period Beginning:

07/01/01

Ending:

06/30/02

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	88	Skilled (SNF)	88	32,120	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,650	3
4		Intermediate/DD			4
5	43	Sheltered Care (SC)	43	15,695	5
6		ICF/DD 16 or Less			6
7	141	TOTALS	141	51,465	7

B. Census-For the entire report period.						
	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	584	672	1,955	3,211	8
9	SNF/PED					9
10	ICF	6,766	22,786		29,552	10
11	ICF/DD					11
12	SC	622	12,358		12,980	12
13	DD 16 OR LESS					13
14	TOTALS	7,972	35,816	1,955	45,743	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)

88.88%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid?
43 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
outpatient therapy

F. Does the facility maintain a daily midnight census?
yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 11/27/1996

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 11/27/1996 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 7 and days of care provided 1,955

Medicare Intermediary AdminaStar Federal, Inc.

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 6/30/02 Fiscal Year: 6/30/02

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number ADDOLORATA VILLA # 0045443 Report Period Beginning: 07/01/01 Ending: 06/30/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR OHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	435,728	34,284	6,230	476,242		476,242		476,242		1
2	Food Purchase		277,954		277,954		277,954	(15,916)	262,038		2
3	Housekeeping	219,399	23,508	60	242,967		242,967	(3,703)	239,264		3
4	Laundry	62,447	22,368	989	85,804		85,804	(18,834)	66,970		4
5	Heat and Other Utilities			134,243	134,243		134,243	(19,700)	114,543		5
6	Maintenance	208,792	41,012	112,895	362,699		362,699		362,699		6
7	Other (specify):*										7
8	TOTAL General Services	926,366	399,126	254,417	1,579,909		1,579,909	(58,153)	1,521,756		8
	B. Health Care and Programs										
9	Medical Director			5,750	5,750		5,750		5,750		9
10	Nursing and Medical Records	2,528,151	116,338	403,242	3,047,731		3,047,731		3,047,731		10
10a	Therapy	89,377	18,061	10,500	117,938		117,938	(8,922)	109,016		10a
11	Activities	172,596	14,890	1,400	188,886		188,886		188,886		11
12	Social Services	125,457	11,456	34,552	171,465		171,465		171,465		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,915,581	160,745	455,444	3,531,770		3,531,770	(8,922)	3,522,848		16
	C. General Administration										
17	Administrative	39,734		137,100	176,834		176,834	(137,100)	39,734		17
18	Directors Fees										18
19	Professional Services			25,200	25,200		25,200	(85)	25,115		19
20	Dues, Fees, Subscriptions & Promotions			63,505	63,505		63,505	(35,987)	27,518		20
21	Clerical & General Office Expenses	582,463	77,103	457,206	1,116,772		1,116,772	(318,928)	797,844		21
22	Employee Benefits & Payroll Taxes			1,361,553	1,361,553		1,361,553	(18,956)	1,342,597		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,470	13,470		13,470	(4,328)	9,142		24
25	Other Admin. Staff Transportation			15,777	15,777		15,777	(7,939)	7,838		25
26	Insurance-Prop.Liab.Malpractice			56,401	56,401		56,401	(1,982)	54,419		26
27	Other (specify):*										27
28	TOTAL General Administration	622,197	77,103	2,130,212	2,829,512		2,829,512	(525,305)	2,304,207		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,464,144	636,974	2,840,073	7,941,191		7,941,191	(592,380)	7,348,811		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			755,055	755,055		755,055	(21,057)	733,998			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			233,525	233,525		233,525	(233,525)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			29,988	29,988		29,988		29,988			35
36	Other (specify):*			27,955	27,955		27,955	(27,955)				36
37	TOTAL Ownership			1,046,523	1,046,523		1,046,523	(282,537)	763,986			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	114,443	435,550	84,654	634,647		634,647	(3,095)	631,552			39
40	Barber and Beauty Shops			9,975	9,975		9,975	(9,975)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,655	53,655		53,655		53,655			42
43	Other (specify):*	703,599	370,467	1,603,458	2,677,524		2,677,524	(2,677,524)				43
44	TOTAL Special Cost Centers	818,042	806,017	1,751,742	3,375,801		3,375,801	(2,690,594)	685,207			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,282,186	1,442,991	5,638,338	12,363,515		12,363,515	(3,565,511)	8,798,004			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,541)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income	(233,525)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(1,982)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(231,552)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(2,900,724)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,379,324)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(186,187)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (186,187)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,565,511)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning: 07/01/01
Ending: 06/30/02

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
	\$	Reference	
1			1
2			2
3	Gain on Sale of Assets	(21,082)	30 2
4	Any Miscellaneous Income	(3,095)	39 4
5			5
6	Housekeeping Income	(3,703)	3 6
7	Laundry Income	(18,834)	4 7
8	Legal Expense	315	19 8
9	Employee Cobra Contributions	(14,682)	22 9
10	Interco Mgmt Fee - Housecall	(10,921)	21 10
11	Entertainment & Gifts	(13,578)	20 11
12	Regional Expenses	(3,297)	20 12
13	Admin-Bank Fees	(9,376)	21 13
14	Sales Taxes	(10,368)	21 14
15	Dietary-Alcoholic Beverage	(1,763)	2 15
16	Ther-SeniorFit Program	(8,922)	10A 16
17	Admin-Bond Trustee Fees	(10,060)	36 17
18	Amort-Def Fin Assur Costs - Ser	(15,320)	36 18
19	2001 Bond Amortization Issuance	(1,265)	36 19
20	2001 Bond Amortization Underwriters	(984)	36 20
21	ILU-Salaries - Reg	(44,774)	43 21
22	MKT-Salaries - Regular	(3,961)	43 22
23	MKT-Office Supplies	(919)	43 23
24	DEV-Salaries - Regular	(19)	43 24
25	ASST-Other Supplies	(288)	43 25
26	ASST-Minor Equip Purch	(378)	43 26
27	ILU-Food Cost Trans From Dining	(4,121)	43 27
28	ILU-Residents Activities Supplies	(4,953)	43 28
29	ILU-Minor Equip Purch	(3,019)	43 29
30	MKT-Other Supplies	(84)	43 30
31	MKT-Food Cost Transfer from Dining	(279)	43 31
32	MKT-Books/Reports	(3,000)	43 32
33	MKT-Postage	(8364)	43 33
34	MKT-Printing	(14574)	43 34
35	MKT-Purch Svcs - Other	(150)	43 35
36	MKT-Purch Svcs - Advertising/Prom	(33265)	43 36
37	MKT-Purch Svcs - Consultant	(26085)	43 37
38	ASST-Purch Svcs - Other	(3539)	43 38
39	ILU-Dues & Subscriptions	(280)	43 39
40	ILU-Purch Svcs - Entertainment	(1253)	43 40
41	ILU-Purch Svcs - Other	(3597)	43 41
42	ILU-Purch Svcs - HCT Wellness Nur	(31200)	43 42
43	Admin-LOC Marketing Fees	(300072)	43 43
44	MKT-Dues & Subscriptions	(3665)	43 44
45	MKT-Seminar Fees	(399)	43 45
46	MKT-Mileage	(876)	43 46
47	MKT-Entertainment & Gifts	(357)	43 47
48	MKT-Community Relations	(1296)	43 48
49	MKT-Special Events	(711)	43 49
50	MKT-Miscellaneous Expense	(65)	43 50
51	Non-documented Seminar Cost	(4528)	24 51
52	HR-Physicals	(4274)	22 52
53	Interest Expense ILU	(22129)	43 53
54	Public Relations	(1905)	20 54
55	ILU Supplies	(240299)	43 55
56	ILU Other	(1182113)	43 56
57			57
58	Garden Cafe Salaries	(31131)	43 58
59	Garden Cafe	(20612)	43 59
60	ILU Salaries	(488855)	43 60
61	Development Salaries	(83111)	43 61
62	Sisters Store Manager	(31172)	43 62
63	Beauty Shop Income	(9975)	40 63
64	Private pay meals	(218)	2 64
65	Meals	(2396)	2 65
66	Telephone	(35907)	21 66
67	Mission Printing	(5164)	21 67
68	Cable/Satellite	(19700)	5 68
69	Alliance Expense	(14700)	20 69
70	Legal Expense	(400)	19 70
71	Non-allowable regional office expense	(8834)	43 71
72	Non-allowable regional office expense	(47082)	43 72
73	Non-allowable regional office salaries	(21588)	43 73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(2,900,724)	101

Summary A

06/30/02

[illegible]

Summary B

06/30/02

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

[illegible]

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger		4	5 Cost to Related Organization		6	7	8 Difference:	
Schedule V			Line	Item		Amount	Name of Related Organization		Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V					\$				\$	
2	V										
3	V										
4	V										
5	V										
6	V										
7	V										
8	V										
9	V										
10	V										
11	V										
12	V										
13	V										
14	Total				\$				\$	\$ *	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 137,100	Franciscan Sisters of Chicago	100.00%	\$	(137,100)	15
16	V	19	Audit Fees	31,818	Franciscan Sisters of Chicago	100.00%	31,818		16
17	V	21	IT Services	52,800	Franciscan Sisters of Chicago	100.00%	52,800		17
18	V	19	Legal Services	19,310	Franciscan Sisters of Chicago	100.00%	19,310		18
19	V	20	Advertising	1,707	Franciscan Sisters of Chicago	100.00%		(1,707)	19
20	V	21	Bank Fees	2,570	Franciscan Sisters of Chicago	100.00%		(2,570)	20
21	V	20	License Fee	8	Franciscan Sisters of Chicago	100.00%	8		21
22	V	20	Recruitment	552	Franciscan Sisters of Chicago	100.00%	552		22
23	V	21	Office	24,473	Franciscan Sisters of Chicago	100.00%	11,403	(13,070)	23
24	V	25	Travel	7,939	Franciscan Sisters of Chicago	100.00%		(7,939)	24
25	V	36	Bond Costs	(65,065)	Franciscan Sisters of Chicago	100.00%	(65,065)		25
26	V	43	Marketing	23,801	Franciscan Sisters of Chicago	100.00%		(23,801)	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 237,013			\$ 50,826	\$ * (186,187)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3	4	5	6	7	8	
Schedule V			Cost Per General Ledger	Amount	Cost to Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Attached - Board of Directors								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

(708) 647-6982

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/02

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	IFA Series 1996 D Bonds		x	Acquisition of Assets	\$45,370.00	11/27/96	\$ 6,095,000	\$ 5,230,000	05/15/19	5.70%	\$ 362,449	1							
2	IFA Series 1996 E Bonds		x	Acquisition of Assets	variable	11/27/96	5,660,000	5,660,000	05/15/27	variable	98,496	2							
3	Long-Term Debt - adjusted					2001		15,090,000			101,132	3							
4	out on page 5											4							
5	IFA Series 1996 F Bonds *		x	Acquisition of Assets	variable	11/27/96	6,340,000				105,137	5							
	Working Capital																		
6												6							
7												7							
8												8							
9	TOTAL Facility Related				\$45,370.00		\$ 18,095,000	\$ 25,980,000			\$ 667,214	9							
	B. Non-Facility Related*																		
10	See Supplemental Schedule										(667,214)	10							
11	ILU Interest Expense										22,129	11							
12	Interest Income - adj p 5										(22,129)	12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (667,214)	14							
15	TOTALS (line 9+line14)						\$ 18,095,000	\$ 25,980,000			\$	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0.00 Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

16	AMOUNT TO USE FOR RATE CALCULATION \$	16
----	---------------------------------------	----

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

ADDOLORATA VILLA

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0045443

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()

FAX #: ()

- A. Summary of Real Estate Tax Cost
- Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

- B. Real Estate Tax Cost Allocations
- Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)
- C. Tax Bills
- Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

ADDOLORATA VILLA

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0045443

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()

FAX #: ()

- A. Summary of Real Estate Tax Cost
- Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

- B. Real Estate Tax Cost Allocations
- Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)
- C. Tax Bills
- Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,613

B. General Construction Type: Exterior BrickFrame Steel

Number of Stories 2

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Addolorata Villa Independent Living Units 80,036 square feet, 100 units

Outpatient Therapy - 2332 square feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☐ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Healthcare	6,125	1996	\$ 644,128	1
2	Alloc. Regional ***		1996	28,094	2
3	TOTALS	6,125		\$ 672,222	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Land Improvements										9
10											10
11	asphalt paving			11/26/1996	44,481	4,448	10	4,448		20,387	11
12	concrete paving			11/26/1996	17,380	1,448	12	1,448		6,638	12
13	chain link fence			11/26/1996	7,054	641	11	641		2,939	13
14	light poles and fixtures			11/26/1996	1,589	144	11	144		662	14
15	curbing			11/26/1996	2,136	178	12	178		816	15
16	landscaping			11/26/1996	15,167	1,264	12	1,264		5,793	16
17	lawn area			11/26/1996	31,646	2,637	12	2,637		12,087	17
18	courtyard gate			11/26/1996	969	65	15	65		290	18
19	landscaping			8/1/1997	703	59	12	59		205	19
20	pine tree and planting near window wells			Oct-97	848	71	12	71		247	20
21	concrete ramp improvements			Sep-97	1,219	102	12	102		355	21
22	asphalt improvements			May-98	1,628	163	10	163		570	22
23	siding - chapel shed			Dec-97	1,024	68	15	68		239	23
24	catch basin improvements			Apr-98	-	342	15	342		1,198	24
25	fencing			1999	1,028	69	15	69		171	25
26	site improvement - snf addition (asphalt etc)			1/31/2000	3,795	421	10	421		631	26
27	cement patio - intermrdate care			7/6/1999	2,716	272	10	272		407	27
28	expand loading dock turnaround			10/29/1999	1,078	108	10	108		162	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

#

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,988,282	\$ 98,352		\$ 98,352	\$	\$ 427,990	1
2	snf - elevator on emergency power	1999	3,733	373	10	373		933	2
3	snf - locks, dooe closures replacements	1999	2,733	547	5	547		1,367	3
4	snf - permanent lockers	1999	1,516	303	5	303		758	4
5	cable connection	9/1/1999		85	10	85		128	5
6	fire doors	10/21/1999	4,500	450	10	450		675	6
7	fireproofing	6/23/1999	943	94	10	94		141	7
8	plumbing	1/31/2000	108,345	5,417	20	5,417		8,126	8
9	fire protection	1/31/2000	32,500	1,625	20	1,625		2,438	9
10	electrical	1/31/2000	290,248	14,512	20	14,512		21,769	10
11	roofing	1/31/2000	29,500	1,475	20	1,475		2,213	11
12	hvac	1/31/2000	228,061	11,403	20	11,403		17,105	12
13	elevator	1/31/2000	49,172	2,459	20	2,459		3,688	13
14	carpet	1/31/2000	41,965	8,393	5	8,393		12,590	14
15	general construction	1/31/2000	1,717,465	43,682	40	43,682		65,523	15
16	snf window treatments	1/31/2000	18,170	3,634	5	3,634		5,451	16
17	carpet	3/31/2000	24,352	6,859	5	6,859		10,289	17
18	general renovation	3/31/2000	69,754	16,660	10	16,660		24,990	18
19	Doorholders	2001	1,719	86	10	86		86	19
20	Lights	2001	2,019	101	10	101		101	20
21									21
22	general renovation	1999	28,846						22
23	general renovation	1998	64,124						23
24	carpet	1999	9,944						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,717,891	\$ 216,510		\$ 216,510	\$	\$ 606,361	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,717,891	\$ 216,510		\$ 216,510	\$	\$ 606,361	1
2	Building - dining facility and support	11/26/1996	310,756	8,879	35	8,879		40,694	2
3	supp - plumbing and sprinklers	11/26/1996	35,578	2,093	17	2,093		9,592	3
4	supp - heating and cooling	11/26/1996	29,187	1,717	17	1,717		7,870	4
5	supp - electrical	11/26/1996	66,025	3,884	17	3,884		17,801	5
6	supp - roof cover	11/26/1996	12,810	1,067	12	1,067		4,893	6
7	supp - floor covering with vinyl tile	11/26/1996	23,741	1,978	12	1,978		9,068	7
8	supp - elevator	11/26/1996	17,644	1,038	17	1,038		4,757	8
9	supp - heating and cooling ductwork kitchen	11/26/1996	1,676	112	15	112		503	9
10	supp - electric; dolorosa and gazebo timers	Aug-97	1,601	107	15	107		374	10
11	supp - electric: kitchen	Oct-97	488	33	15	33		114	11
12	supp - carpentry wall protection	Apr-98	6,051	611	15	611		807	12
13	supp - electric: kitchen	Apr-98	13,308	887	15	887		4,436	13
14	supp - bug zapper: kitchen	Jan-98	486	97	5	97		340	14
15	general construction, ceiling, electric	11/30/1999	155,906	12,082	15	12,082		18,123	15
16	carpet	11/30/1999	24,673	6,386	5	6,386		9,578	16
17	window treatments	11/30/1999	3,389	678	5	678		1,017	17
18	hvac	11/30/1999	11,354	757	15	757		1,135	18
19	patch panel for campus phone system	9/24/1999	6,580	658	15	658		987	19
20	kitchen equipment	10/1/1998		553	10	553		829	20
21	boiler - replace butterfly valves	12/31/1999	6,203	620	5	620		930	21
22	replace doors - kitchen	1999	1,889	378	10	378		567	22
23	generator and tv amp wiring	10/12/1999		162	5	162		243	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,447,236	\$ 261,287		\$ 261,287	\$	\$ 741,019	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

#

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

#

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,536,698	\$ 399,051		\$ 399,051	\$	\$ 1,361,107	1
2	orig - chapel revovation: hvac	1997	37,140	2,631	15	2,631		9,208	2
3	orig - chapel revovation: stained windows	1997	41,625	2,775	15	2,775		9,713	3
4	orig - chapel revovation: marble	1997	26,758	1,784	15	1,784		6,243	4
5	orig - chapel revovation: roofing	1997	14,363	1,015	15	1,015		3,551	5
6	orig - chapel revovation: carpet	1997	890	178	5	178		623	6
7	orig - chapel revovation: plumbing	1997	7,139	595	15	595		2,082	7
8	orig - carpet	1998	19,465	4,526	5	4,526		15,842	8
9	orig - hvac glyucose treatment	1997	10,771	718	15	718		2,513	9
10	orig - hvac glyucose treatment	1998	10,840	723	15	723		2,529	10
11	orig - computer network cabling	1997	11,826	788	15	788		2,759	11
12	orig - electrical improvements	1998	6,485	432	15	432		1,513	12
13	orig - mechancial rooftop drain	Aug-97	570	38	15	38		133	13
14	orig - plumbing comosite	Aug-97	547	27	20	27		96	14
15	orig - new ceiling scf 214	Aug-97	983	66	15	66		230	15
16	orig - mckesson single vac with recvler	Nov-97	2,246	225	10	225		786	16
17	orig - main sign	Dec-97	1,924	128	15	128		449	17
18	orig - water conditioner	Dec-97	874	87	10	87		306	18
19	orig - business office laminate counter	Dec-97	988	69	15	69		230	19
20	orig - business office laminate mail boxes	Dec-97	1,431	95	15	95		334	20
21	orig - closet organizers intermrdate rooms	Jan-98	809	54	15	54		189	21
22	orig - convent dishwasher and plumbing	Jan-98	2,328	466	5	466		1,629	22
23	orig - water system piping	Mar-98	1,503	100	15	100		351	23
24	orig - sheltered care air vents	Mar-98	1,042	69	15	69		243	24
25	orig - chair rail replacement	Apr-98	2,085	139	15	139		486	25
26	orig - signage	Apr-98	1,225	82	15	82		286	26
27	orig - production room mill work	Apr-98		188	15	188		660	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,742,555	\$ 417,049		\$ 417,049	\$	\$ 1,424,091	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

06/30/02

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,788,206	\$ 425,943		\$ 425,943	\$	\$ 1,447,529	1
2	orig - nurses station remodel	Feb-99	1,392	278	5	278		696	2
3	orig - ptac repair scf 210	Jan-99	851	170	5	170		425	3
4	orig - electrical work	Jan-99	3,149	315	10	315		787	4
5	orig - adm asst office remodel	Feb-99	3,631	363	10	363		908	5
6	orig - business office fire door	Feb-99	1,399	280	5	280		700	6
7	orig - window treatments	Feb-99	765	153	5	153		383	7
8	orig - ironer	Mar-99	6,158	1,232	5	1,232		3,079	8
9	orig - boiler room repairs	Mar-99	1,028	206	5	206		514	9
10	orig - rebuilt retractor - boiler	Mar-99	4,835	967	5	967		2,417	10
11	orig - exhaust hood	Mar-99	1,066	213	5	213		533	11
12	orig - siding	Mar-99	1,099	220	5	220		550	12
13	orig - fire door kiln room	Mar-99	673	135	5	135		336	13
14	orig - install handrail	Mar-99	720	144	5	144		360	14
15	orig - move and repipe circulating pump	Apr-99	729	146	5	146		364	15
16	orig - roof top units repair	May-99	895	709	5	709		1,772	16
17	install fire door per inspection	10/20/1998	4,319	864	5	864		1,296	17
18	renovate activities room and office	1/1/1999		1,564	5	1,564		2,346	18
19	replace ceiling scf 233	1999		354	5	354		531	19
20	replace smoke doors	3/31/2000	4,468	298	15	298		447	20
21	install door	2000	4,319	288	15	288		432	21
22	activities renovation	2000	9,133	609	15	609		913	22
23	water damage 233 scf	2000	1,771	118	15	118		177	23
24	lamineate counters	2000	1,458	292	5	292		437	24
25	activity center and garden café	2000	1,837	367	5	367		551	25
26	new doors courtyard and convent	2000	3,316	221	15	221		332	26
27	carpeting	5/31/1999	1,228	1,264	5	1,264		1,896	27
28	carpeting	2000		1,856	5	1,856		2,784	28
29	carpeting	3/23/2000	11,475	2,295	5	2,295		3,443	29
30	carpeting	4/30/2000	1,889	377	5	377		567	30
31	boiler valve replacement and other	10/27/1999		416	10	416		624	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,861,809	\$ 442,657		\$ 442,657	\$	\$ 1,478,129	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 8,861,809	\$ 442,657		\$ 442,657	\$	\$ 1,478,129	1
2	sprinkler room revoation	3/22/2000	3,466	347	10	347		520	2
3	replace plastic pipe with steel	Oct-99	2,476	180	10	180		270	3
4	activities kitchen electric work	1999	905	60	10	60		91	4
5	gutter decing equipment	Oct-99	2,140	428	5	428		642	5
6	gas vent kitchen - activities	Oct-99	1,496	100	5	100		150	6
7	heating cooling pump	Oct-99	1,977	198	5	198		593	7
8									8
9									9
10	fye 6/30/01 additions								10
11	carpeting	Jul-00	788	79	5	79		79	11
12	carpeting	Jul-00	1,452	145	5	145		145	12
13	annunciator system	Jul-00	1,203	60	10	60		60	13
14	chapel tempered glass	Jul-00	1,749	175	5	175		175	14
15	chexit door system	Aug-00	7,974	399	10	399		399	15
16	grand master key system	Aug-00	1,049	52	10	52		52	16
17	roof top	Aug-00	988	99	5	99		99	17
18	fire alarm system	Aug-00	1,768	177	5	177		177	18
19	repair work on fire doors	Aug-00	1,172	117	5	117		117	19
20	snu fixed wet walls	Aug-00	2,903	290	5	290		290	20
21	convent furniture seats	Aug-00	5,963	199	15	199		199	21
22	repair ptac units	Aug-00	2,950	295	5	295		295	22
23	carpeting copy room	Sep-00	558	56	5	56		56	23
24	carpeting	Sep-00	1,095	110	5	110		110	24
25	carpeting ilu 317	Sep-00	1,002	100	5	100		100	25
26	showers	Sep-00	1,873	47	20	47		47	26
27	main chiller compressor	Sep-00	10,878	363	15	363		363	27
28	repair steam boiler	Sep-00	956	24	20	24		24	28
29	sign	Sep-00	875	44	10	44		44	29
30	carpeting ilu 202	Oct-00	918	92	5	92		92	30
31	carpeting ilu 101	Oct-00	918	92	5	92		92	31
32	carpeting ilu 323	Oct-00	963	96	5	96		96	32
33	carpeting attic stock	Oct-00	656	66	5	66		66	33
34	TOTAL (lines 1 thru 33)		\$ 8,924,920	\$ 447,147		\$ 447,147	\$	\$ 1,483,572	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

Page 12I
06/30/02

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 9,001,883	\$ 450,522		\$ 450,522	\$	\$ 1,486,947	1
2	furnish 2-1/2 ton condensing unit	Apr-01	867	29	15	29		29	2
3	address snu aaon rtu problems	Apr-01	3,982	133	15	133		133	3
4	asbestos abatement	Apr-01	1,276	128	5	128		128	4
5	porcelain refinishing	Apr-01	918	92	5	92		92	5
6	audio/video modulator	Apr-01	547	27	10	27		27	6
7	paint	Apr-01	1,678	168	5	168		168	7
8	rooftop repairs	May-01	784	26	15	26		26	8
9	ac hookup	May-01	738	25	15	25		25	9
10	rooftop low voltage	May-01	1,303	43	15	43		43	10
11	sheltered rehab work	May-01	1,990	66	15	66		66	11
12	mary's room shower conversion	May-01	2,750	69	20	69		69	12
13	install new p.lam. cabinets, counter top and plumbing	May-01	5,200	130	20	130		130	13
14	replace defective condenser	May-01	2,921	97	15	97		97	14
15	repair automation system	May-01	1,061	27	20	27		27	15
16	furnish and install dampers	May-01	1,768	59	15	59		59	16
17	motor blower	May-01	496	50	5	50		50	17
18	paint	May-01	421	42	5	42		42	18
19	paint	May-01	724	72	5	72		72	19
20	paint	Jun-01	1,041	104	5	104		104	20
21	paint	Jun-01	708	71	5	71		71	21
22	ucci	Jun-01	5,948	149	20	149		149	22
23	scf project cip 2001 transfer	Jun-01	409,115	10,228	20	10,228		10,228	23
24									24
25	Allocated to Outpatient Therapy Per 6/30/00 Cap Report		(41,623)						25
26									26
27	office carpet and tile removal	2001	850	28	15	28		28	27
28	walls and ceiling repairs	2001	2,500	83	15	83		83	28
29	wallcoverings	2001	1,200	40	15	40		40	29
30	wallcoverings	2001	1,464	49	15	49		49	30
31	drywall work	2001	780	26	15	26		26	31
32	sprinkler piping and heads	2001	2,000	67	15	67		67	32
33	drywall work	2001	5,865	196	15	196		196	33
34	TOTAL (lines 1 thru 33)		\$ 9,421,152	\$ 462,844		\$ 462,844	\$	\$ 1,499,269	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 9,421,152	\$ 462,844		\$ 462,844	\$	\$ 1,499,269	1
2	remodel sheltered area	2001	3,278	109	15	109		109	2
3	remodel sheltered area	2001	1,190	40	15	40		40	3
4	refractory board repairs	2001	2,838	95	15	95		95	4
5	concrete ramp	2001	340	11	15	11		11	5
6	convent lights and floor holes	2001	800	27	15	27		27	6
7	custom ramp railing	2001	1,140	38	15	38		38	7
8	custom ramp railing	2001	1,140	38	15	38		38	8
9	shelving	2001	812	27	15	27		27	9
10	timer repairs	2001	796	27	15	27		27	10
11	retaining walls and ramp	2001	2,930	98	15	98		98	11
12	retaining walls and ramp	2001	2,930	98	15	98		98	12
13	lighting	2001	668	22	15	22		22	13
14	drywall work	2001	2,970	99	15	99		99	14
15	ceilling repairs	2001	2,500	83	15	83		83	15
16	office furniture	2002	1,767	59	15	59		59	16
17	sheltered Roofing Repair	2002	5,736	191	15	191		191	17
18	executive office remodel	2002	2,648	88	15	88		88	18
19	lighting in human resource	2002	903	30	15	30		30	19
20	remodel rm 210 & 220,sheltd	2002	2,350	78	15	78		78	20
21	demo counter,ex. asst office	2002	5,510	184	15	184		184	21
22	demo shower + remodel sheltered	2002	650	22	15	22		22	22
23	demo shower + remodel sheltered	2002	1,220	41	15	41		41	23
24	excutive dir office remodel	2002	2,000	67	15	67		67	24
25	excutive dir office remodel	2002	1,910	64	15	64		64	25
26	remodeling admin office areas	2002	2,064	69	15	69		69	26
27	asbestos abatement	2002	1,161	39	15	39		39	27
28	install hot water heater	2002	3,641	121	15	121		121	28
29	remodeling admin office areas	2002	3,640	121	15	121		121	29
30	remodeling admin office areas	2002	2,197	73	15	73		73	30
31	carpet & Tile removal ad. Off	2002	4,400	147	15	147		147	31
32	windows and screens	2002	784	26	15	26		26	32
33	painting	2002	1,071	36	15	36		36	33
34	TOTAL (lines 1 thru 33)		\$ 9,489,137	\$ 465,110		\$ 465,110	\$	\$ 1,501,535	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

#

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**

****Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
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21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
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53									53
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56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,096,971	\$ 148,388	\$ 148,388	\$	10	\$ 176,162	71
72	Current Year Purchases	60,561	6,397	6,397		10	6,397	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,157,532	\$ 154,785	\$ 154,785	\$		\$ 182,559	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocation to SNF	Illinois BUS	2001	\$ 11,548	\$ 2,887	\$ 2,887	\$		\$ 4,331	76
77										77
78										78
79										79
80	TOTALS			\$ 11,548	\$ 2,887	\$ 2,887	\$		\$ 4,331	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,872,262	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 733,998	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 733,998	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,774,883	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Healthcare Assets	\$ 8,429,092	\$ 270,036	\$ 2,239,193	86
87	6/30/00 Capital Report Adjustments	212,966			87
88	Outpatient Therapy	41,263			88
89					89
90					90
91	TOTALS	\$ 8,683,321	\$ 270,036	\$ 2,239,193	91

G. Construction-in-Progress

	Description	Cost	
92	CIP-SNF Project	\$ 5,123	92
93	CIP-Regional Office	106,828	93
94	CIP-ALU, Dementia	9,007,521	94
95		\$ 9,119,472	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NA
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 29,988 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	\$
13.	/2004	\$
14.	/2005	\$

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

ALLOCATION OF COSTS (d)

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 24,890	\$		\$ 24,890	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			4,533			4,533	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	114,443		54,144			168,587	4
5	Physician Care	39 - 03	visits			1,087			1,087	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				377,412		377,412	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						58,138		58,138	13
14	TOTAL			\$ 114,443		\$ 84,654	\$ 435,550		\$ 634,647	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 204,833	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,865,679		3
4	Supply Inventory (priced at)	61,500		4
5	Short-Term Investments	(322,940)		5
6	Prepaid Insurance	45,209		6
7	Other Prepaid Expenses	68,464		7
8	Accounts Receivable (owners or related parties)	652,975		8
9	Other(specify): See Supplemental Schedule	72,742		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,648,462	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,854,170		12
13	Land	1,850,000		13
14	Buildings, at Historical Cost	16,155,455		14
15	Leasehold Improvements, at Historical Cost	413,770		15
16	Equipment, at Historical Cost	1,639,555		16
17	Accumulated Depreciation (book methods)	(4,539,505)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	4,675,592		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	9,795,512		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 31,844,549	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 35,493,011	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,377,006	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	646,520		28
29	Short-Term Notes Payable	190,000		29
30	Accrued Salaries Payable	422,808		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	64,468		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	3,623,041		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,323,843	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	15,090,000		39
40	Mortgage Payable			40
41	Bonds Payable	10,700,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 25,790,000	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 33,113,843	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,379,168	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 35,493,011	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,923,680	1
2	Restatements (describe):		2
3	<u>Unrealized loss on investment</u>	<u>(93,745)</u>	3
4	<u>Bond Adjustment</u>	<u>(68,232)</u>	4
5	<u>Fund Balance/Foundation Adjustment</u>	<u>(455,610)</u>	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,306,093	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	<u>(926,925)</u>	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	<u>()</u>	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (926,925)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,379,168	24

*

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number ADDOLORATA VILLA

0045443

Report Period Beginning: 07/01/01

Ending: 06/30/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,639,813	1
2	Discounts and Allowances for all Levels	(861,388)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,778,425	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	511,527	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 511,527	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	39,860	13
14	Non-Patient Meals	23,541	14
15	Telephone, Television and Radio	35,907	15
16	Rental of Facility Space		16
17	Sale of Drugs	428,171	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,087	19
20	Radiology and X-Ray	2,677	20
21	Other Medical Services	242,684	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 778,927	23
	D. Non-Operating Revenue		
24	Contributions	45,691	24
25	Interest and Other Investment Income***	270,787	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 316,478	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	51,233	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 51,233	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,436,590	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,579,909	31
32	Health Care	3,531,770	32
33	General Administration	2,829,512	33
	B. Capital Expense		
34	Ownership	1,046,523	34
	C. Ancillary Expense		
35	Special Cost Centers	3,322,146	35
36	Provider Participation Fee	53,655	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,363,515	40
41	Income before Income Taxes (line 30 minus line 40)**	(926,925)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (926,925)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,628	1,888	\$ 80,032	\$ 42.39	1
2	Assistant Director of Nursing					2
3	Registered Nurses	28,564	33,134	805,361	24.31	3
4	Licensed Practical Nurses	16,940	19,650	360,772	18.36	4
5	Nurse Aides & Orderlies	101,192	117,382	1,215,580	10.36	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,625	1,885	114,443	60.71	7
8	Rehab/Therapy Aides	8,205	9,518	89,377	9.39	8
9	Activity Director	1,563	1,814	34,477	19.01	9
10	Activity Assistants	11,379	13,199	138,119	10.46	10
11	Social Service Workers	7,019	8,143	125,457	15.41	11
12	Dietician					12
13	Food Service Supervisor	1,223	1,419	34,938	24.62	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,381	37,562	400,790	10.67	15
16	Dishwashers					16
17	Maintenance Workers	11,717	13,592	208,792	15.36	17
18	Housekeepers	20,171	23,399	219,399	9.38	18
19	Laundry	6,478	7,515	62,447	8.31	19
20	Administrator					20
21	Assistant Administrator	1,246	1,446	39,734	27.48	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,755	26,396	582,463	22.07	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,075	5,887	66,406	11.28	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	37,017	42,939	703,599	16.39	33
34	TOTAL (lines 1 - 33)	316,178	366,768	\$ 5,282,186 *	\$ 14.40	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	178	\$ 6,230	01-03	35
36	Medical Director	monthly	5,750	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant		16,806	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant		10,500	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	7	1,400	11-03	44
45	Social Service Consultant	324	16,631	12-03	45
46	Other(specify)				46
47	<u>Pastoral Consultant</u>		1,226	12-03	47
48	<u>Priest Stipends</u>		16,695	12-03	48
49	TOTAL (lines 35 - 48)	509	\$ 75,238		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5,054	\$ 301,225	10-03	50
51	Licensed Practical Nurses	580	22,043	10-03	51
52	Nurse Aides	2,418	63,168	10-03	52
53	TOTAL (lines 50 - 52)	8,052	\$ 386,436		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Patricia Ferguson	Asst. Admin		\$ 39,734
Administrator's salary paid by related organization			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 39,734
B. Administrative - Other			
Description			Amount
Franciscan Sisters of Chicago - Management Fees			\$ 137,100
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 137,100
C. Professional Services			
Vendor/Payee	Type		Amount
Katten, Muchin Zavis	Legal		\$ 470
Ernst & Young	Accounting		10,000
Sosin and Lawler	Legal		320
FR&R	Accounting		6,403
Ceridian	Payroll Processing		12,454
Professional Fees allocated to	ILU on Line 43		(4,447)
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 25,200
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance			\$ 245,397
Unemployment Compensation Insurance			21,111
FICA Taxes			391,999
Employee Health Insurance			330,694
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Employee Awards and Events/Holiday Expense			14,664
Employee Life Insurance			14,717
Other Employee Benefits			14,309
Employee Pension Expense			309,708
TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,342,599
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
			\$
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee			\$ 150
Advertising: Employee Recruitment			14,806
Health Care Worker Background Check (Indicate # of checks performed 5)			850
Dues and Subscriptions			4,810
Licenses and Fees			400
PR Expenses			16,283
Life Services Network			8,210
FSCSC Adjustment			(1,707)
Less: Public Relations Expense			(16,283)
Non-allowable advertising	()	
Yellow page advertising	()	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 27,519
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel			\$
In-State Travel			
Seminar Expense			9,142
Entertainment Expense	()	
(agree to Sch. V, line 24, col. 8)			
TOTAL			\$ 9,142

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number		ADDOLORATA VILLA		STATE OF ILLINOIS				Page 23
		#	0045443	Report Period Beginning:	07/01/01	Ending:	06/30/02	

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

No

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Life Services Network \$8210

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

No

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
10 years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 40,396 Line 10-2

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No

(9)

Are you presently operating under a sublease agreement?

YES x NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$ 53,655

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

Yes-ILU

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

Yes-ILU Building

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ Yes Indicate the amount. \$ 14,153

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

c.

What percent of all travel expense relates to transportation of nurses and patients?

None

d.

Have vehicle usage logs been maintained?

Yes

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

No

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:
The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

Yes
Ernst and Young
No Not Complete

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?
Attach invoices and a summary of services for all architect and appraisal fees

N/A

SEE ACCOUNTANTS' COMPILATION REPORT